

FILED

8/29/2016

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

JUL 15 2016 DC
7-15-16 JHR

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

George A. Krueger Jr.

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

16-cv-7288

Judge Joan B. Gottschall

Magistrate Judge Nan R. Nolan

PC8

vs.

Cs
(T)

Thomas J. Dart, Cook County Sheriff
Cook County Jail
Correctional Officer, Mc Mahon
Cook County Jail
Division Ten Superintendent, Walsh
Cook County Jail
Division Ten Nurse, Abner
Cook County Jail
Division Ten Crw, McCoy
Cook County Jail
Division Ten Doctor Baker M.D.

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: George A. Krueger Jr.
- B. List all aliases: N/A
- C. Prisoner identification number: 20140824183
- D. Place of present confinement: Cook County Jail Division 10, Tier 4B
- E. Address: P.O. Box 089002, Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Thomas J. Dart
Title: Cook County Sheriff
Place of Employment: Cook County Sheriff's Office
- B. Defendant: Superintendent Walsh
Title: Cook County Jail, Division 10 Superintendent
Place of Employment: Cook County Department of Corrections
- C. Defendant: Correctional Officer Mc Mahon
Title: See Correctional Officer in C.C.D.O.C., Div. 10
Place of Employment: Cook County Department of Corrections

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

II Defendant(s):

D. Defendant: Division Ten Nurse, Abner

Title: Cook County Jail, Div. 10 Nurse

Place of Employment: Cook County Jail

E. Defendant: Division Ten Crw/counselor, McCoy

Title: Correctional Rehabilitation Worker/
Counselor in Div. 10, C.C.D.O.C

Place of Employment: Cook County Jail

F. Defendant: Division tens Doctor, Baker M.D.

Title: Cook County Jails Divisional Doctor

Place of Employment: Cook County Jail

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: George A. Krueger Jr. v. Officer Albastro, BLUE ISLAND POLICE Department
- B. Approximate date of filing lawsuit: Dont Remember
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: Officer Albastro, BLUE ISLAND POLICE Department
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Northern District of Illinois, eastern division
- F. Name of judge to whom case was assigned: Dont Know - Lawyer Handled it
- G. Basic claim made: Several Counts of false Arrest
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): I received a settlement
- I. Approximate date of disposition: Dont Remember

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On the date of 05/03/2016, around 5:15pm.-5:25pm., in the T.V. area of the dayroom, in Division 10; tier 4B, C/O Mc Mahon aloud a known violent inmate, with a red I.D. from assaulting staff) Rodney Miller to remain out with our side of the tier. When he shouldn't of because the whole division ten is on half and half. (cell 1-12 and cell ~~13~~ 13-24 alterants each shift, 3 hours at a time.) On Camra inmate Rodney Miller ran up behind me and attacked me. Striking me, while I was eating dinner. C/O Mc Mahon was gone and out of the C/O's bubble. Rodney Miller injured me and gave me serious neck and shoulder pain, along with a migraine headaches. I didn't tell C/O Mc Mahon when he came back because, I was worried he would try to, cover it up. Then at 5:00pm. C/O Mc Mahon did the deck switch (locking up cell 13-24 and letting out, cell 1-12.) I am in cell 18 and Rodney Miller was in cell 11. Then after I was

locked up, in my cell. Rodney Miller came to my cell and told me that I better not tell or he would get me, when I go to court, because we have the same courtroom in Markham, and that the Superintendent will just move me instead of him because Superintendent Walsh, has his back.

Then later that evening at approximately 7:00pm. - 8:00pm., in the interlock of the ~~100's~~ 90's bubble, where the nurses come in to medicate the inmates. On Camra, I told nurse Abner, that I was just attacked by inmate Rodney Miller and that, I was in great pain and in need of Medical attention. Then she told me that she was the acting nurse on duty and that I looked fine, while giving me my medication and refusing me treatment.

Then on the next day of 05/04/2016 in the morning 90 baynes sent a inmate to my cell to ask about what happened the night before, because she heard I was attacked from Rodney Miller. Then when the deck Switch came at 11:00am., I went and talked

to C/o Baynes and handed her 2 grievances, which I wrote and asked her to read, while I was gone to my A.A. session, because I stated all that happened the night before. When I returned at 12:00 noon from A.A., C/o Baynes took me downstairs to talk to a sergeant about me being assaulted, but he just told C/o Baynes to write a report. On the way back to the deck, C/o Baynes expressed how she feels that the sergeant just handled that wrong and if I were to refuse lock up, so I can talk to a lieutenant, she wouldn't be mad at me. So, I refused to be locked up at 1:30 pm., Then Sergeant Doady came and said that he seen the Camra Video. At that point crw/counselor McCoy came to the tier because she had a grievance for inmate Rodney Miller to sign, so me and Sergeant Doady waited for crw/counselor McCoy to get back from Rodney Miller's cell, since the whole deck was now locked up. When crw/counselor McCoy came back to the interlock. She signed and dated my two grievances. When she dated them, she put the wrong dates, as received. Sergeant Doady then walked me to the medical dispensary, where the nurse asked me what happened and where and what got hurt on me.

Typing every word that I told her into the computer. I told the nurse how I had a really bad migraine and that my neck and shoulder were in great pain. Then when the nurse went to set me a appointment, to be seen. She told me that I already had a appointment for the next day, 05/04/2016.

(When the doctor seen me she told me she was gonna have ~~x~~-rays done on me, but its been more then a month and I still haven't been seen or have ~~x~~-rays performed, even after I filed many medical slips and grievances.)

Sergeant Doady then took me to a room on the first floor, where post one is located. Then asked me if I wanted to go to P.C. (Protective custody). I told him, no. Then I had to sign a waiver from or saying that, I turned down P.C.. Sergeant Doady then took out a video recorder and had me stand against a wall and asked me questions, while recording me. One of the questions asked was do I want to press charges. I said "yes". Then Sergeant Doady walked me back to my deck and cell. Rodney Miller was then taken to segregation, ~~but~~ but only to be let out a day in a half later and placed on tier 4D.

Then on the date of 05/06/2016, I received my response from my 2 Grievances, which I filed on C/o Mc Mahon allowing Rodney Miller to be out when he shouldn't of, which was responded back as a "failure to Protect" and given a grievance control number of "20163840." I then appealed the grievance the next day and also turned in a grievance against Nurse Abner, 05/07/16. for a failure to give me medical Treatment.

Upon information and belief, right after all this happened it came to my attention that several inmates, especially, Detainee James Garland had wrote Tom Dart and informed him of how Rodney Miller was always fighting and is dangerously violent towards everyone on our deck of old men. When Rodney Miller does end up in segregation from our deck for fighting or assaulting someone. The Superintendent always puts Rodney Miller right back on our tier and moves the innocent person. Once again rewarding the bad acts of the dangerous, which is a common practice here in Division ten of Cook County Jail. Superintendent Walsh then called James Garland

down to talk about how, Rodney Miller is gonna really hurt someone, one day. Then Superintendent Walsh told detainee James Garland that there's nothing he can do with Rodney Miller because everytime he goes to Segregation he lays on the floor and refuses to go anywhere or to do anything, till he gets his way.

On 05/08/2016, I handed crw/counselor McCoy two grievances. One for the Cook County Jail not giving us inmates toothpaste and another grievance against S/O Cortez for allowing detainees to stay out with our side, after the dayroom switch, which he shouldn't of aloud, especially since, I was assaulted as a result of the same rule breaking a/c.

Crw/counselor McCoy then told the confidential information of the grievance to the inmate that I pointed out (Mike Morgan) for being permitted to stay out when they shouldn't of been but also told the inmate how I told that he was threatening some old man for no reason. Another inmate that shouldn't of been aloud on our deck but was placed here by Superintendent Walsh. Ever since that day, I've been afraid for my life

and also afraid to write anymore grievances because, I would have to turn them into crw/counselor McCoy.

From 05/08/2016 to 05/18/2016, inmate Mike Morgan, started making threats to me and my cellie, Sherman Jilton, along with another old man named Jose. So I wrote two request slips to Superintendent Walsh on 05/18/2016 (since I was afraid to turn in anymore grievances.) I was informing Superintendent Walsh about how crw/counselor McCoy has been telling confidential information from grievances to c/o's and inmates. Putting me in arms way for harm and also violating my due process. I also wrote how detainee Mike Morgan, which shouldn't be on this deck, is bullying all of us older inmates and how he ~~was~~ was also threatening me and my cellie Sherman Jilton. I also asked for him to be moved off this tier.

Upon information and belief, while I was at court, 05/18/2016, after crw/counselor McCoy finished passing out inmates trust fund Account Balances sheets. She left, only to, at approximately around 12:00 noon, called c/o baynes and told her to take

Mike Morgan from his cell and meet her in the hallway. Where on camra, crw/counselor McCoy told inmate Mike Morgan and C/O Baynes about the request slips that I turned in before court, addressed to the Superintendent. My Cellie, Sherman Jilton was aware of the request slips and witnessed everything, while I was at court. Then at approximately 1:30pm., Mike Morgan called my cellie, Sherman Jilton, to his cell (cell 1) and told him that your cellie (George Kraeger) better stop writing up stuff about him. When I got back to the tier, from court, at approximately 2:00pm., Mike Morgan called me to his cell and told me the crw/counselor McCoy told him about the request slips and that I better stop writing up stuff about him. All of this took place on camra.

On 05-24-2016, on camra, C/O McMahon was assigned to our tier 4B and let, once again, several inmates out from the low side of the deck with our high side of the deck, while it was the high sides time out. Before and after Church was called. C/O McMahon shouldn't of because the whole division is on

half and half and also the last time C/o Mc Mahon did that and broke the rules that were made by the Jail Officials, I was assaulted by inmate, Rodney Miller (05-03-2016). It was deemed a failure to protect and given a control number of 2063840.

On 05-30-2016, at and around from 8:00pm. - 9:00p.m. in Division 10, tier 4B in the T.V. area while on camra. I was once again threatened by inmate Mike Morgan, when he wasn't supposed to be out because he is on the low side of the deck, (which is cell 1-12) and it was the high side of the decks' time out, (which is cell 13-24). I not only warned Thomas Dart by sending him several letters with many Grievances but I also informed Superintendent Walsh by two request slips, which crw/counselor McCoy told inmate Mike Morgan about. I keep getting threats of harm from inmate Mike Morgan when he shouldn't even be out or on this tier because of his age and violent history. Tier 4B in Division 10, which I am on, is a 40 year or older tier.

On 05-31-2016, C/o Mc Mahon was assigned to our tier, 4B in division 10 and let

once again, several inmates out from the low side (which is cell 1-12) to hang out with our high side (which is cell 13-24). This happened from 3:00 p.m. to 9:00 p.m. C/o Mc Mahon shouldn't of aloud them inmates out because the whole division is on half and half and also because the last time C/o Mc Mahon didn't follow the rules, that were made by Jail Officials. I was assaulted by inmate, Rodney Miller on (05-03-2016), which was deemed a failure to protect and was given a control number of 20163840. This was all on the deck cammas.

Further more, C/o Mc Mahon should not of been sent to or assigned, tier 4B in Division 10, or any other decks in which I am on because I made a formal Complaint against C/o Mc Mahon to the Office of Professional Review. In doing so, is causing me chance of harm, which is a Deliberate Indifference.

On June 22ND 2016, I talked to Superintendent Walsh on tier 4A, division 10 and informed him how, I sent him two request slips on 05-18-2016. One stating, how crw/counselor McCoy was telling confidential information, from grievances to the inmates and

officers, in which the grievances were written on, putting me in arms way. Superintendent Walsh then told me that he never received any request slips from me and the last request slip he received from me was about inmate Rodney Miller. So either, Superintendent Walsh is lying or crw/counselor McCoy made sure that the request slips never made it, to be seen by the Superintendent. This conversation with Superintendent Walsh took place around 10:00 am, while the Department of Justice employees were looking over the deck. This was all on camera, in front of cell 19 on tier 4A, because I was moved off of tier 4B from 96 bays. I also asked Superintendent Walsh, if he could look into crw/counselor McCoy and what I told him. I also reminded him before he left the deck, while he was in the interlock.

On June 29th 2016, When I went to court. I had another letter to be sent to Thomas Dart. Inside with the the letter I had copies of the last 3 letters and also 3 grievances. I Then gave it to my

public defender, Patrick Bitar, to ~~send~~ send The letter to Thomas J. Dart for me, just in case my letters to Thomas Dart are not making it out of Division 10, because I haven't received any answer to my letters or any of my grievances that I have sent to Thomas Dart.

As of now, (07-12-2016) I am still suffering from Migraine headaches and serious neck and shoulder pain. Which is getting worse. Day by Day. I am in so much pain. I can't sleep that well at night. I keep putting in several medical slips and grievances about not being seen or having any x-rays or m.r.i's performed. I even wrote Thomas J. Dart, several Times to inform him about everything that is and has been happening to me he in Division 10, of Cook County Jail. I wrote Thomas J. Dart on 05-19-2016, 05-25-2016, 05-31-2016 and also 06-29-2016. I also sent ten grievances.

V. Relief:

1. Granting Plaintiff, a declaration that the acts and omissions described herein violated his rights under the Constitution and laws of the United States, and
2. A preliminary and permanent injunction ordering defendants, Thomas J. Dart and Superintendent Walsh, not to allow % McMahon or crw/counselor McCoy, to be assigned to tier 4A or any tier in which I am on. Also ordering defendants, Thomas J. Dart and Superintendent Walsh to provide, Cook County Department of Corrections, employees and medical staff with adequate training, and also a revision of the grievance process at Cook County Jail, that would fairly and comprehensively give detainees the rightfull opportunity to appeal decisions or responses they deem unsatisfactory, in order to exhaust administrative remedies and to give all detainees their responses in the 15 day period which is written in the administrative detainee hand book, and
3. Granting Plaintiff, compensatory damages in the amount of \$20,000 against each defendant, jointly and severally.
4. Granting Plaintiff, punitive damages in the amount of \$20,000 against each defendant, jointly and severally.

NOTE: I'm suing all the defendants in their official Corporate and individual capacities.

5. Plaintiff also seeks recovery of his cost in this suit, and
6. Any additional relief this court deems just, proper and equitable.

VI.

The Plaintiff demands that the case be tried by a jury ☒ Yes ☐ No

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief.

I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 12th day of July, 2016

George Krueger Jr.

(Signature of Plaintiff)

George Krueger Jr., 2014-0824183

(Print name)

, (I.D. Number)

Cook County Department of Corrections, Div 10, Tier 4A

P.O. Box 089002

Chicago, IL 60608

(Address)

The United States District Court
Northern District of Illinois
Eastern Division

George A. Krueger Jr.,
Plaintiff,
v.

Declaration of
Sherman Jilton

Thomas J. Dart,
Defendant.

Civil Action
No. _____

Sherman Jilton, hereby declares:

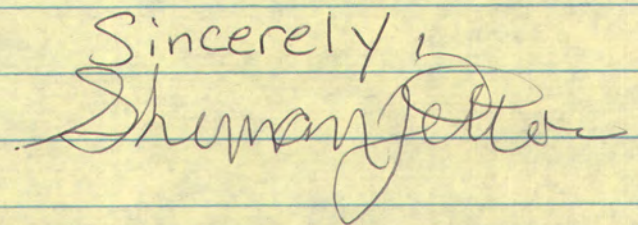
I have been incarcerated at Cook County Department of Corrections since June 15, 2013. Since November of 2015, I have been housed in Division ten, Tier 4B, cell 18.

On the date of 05/03/2016, at approximately 8:00 p.m., I witnessed George Krueger tell Nurse Abner, (while she was medicating the detainees) that he was in great pain and needed medical Attention, because he was just assaulted. Then Nurse Abner told George Krueger that she was the acting nurse on duty and that he didn't need no medical Treatment and if he wants he can fill out a medical slip. In telling George Krueger, what she did, I have to say Nurse Abner refused him, medical Treatment.

Then from 05/08/2016 to 05/18/2016 inmate Mike Morgan was making threats of violence to me and George Krueger. So George Krueger

wrote two request slips to Superintendent Walsh and turned them in on 05/18/2016, before he left for court. One of the request slips was telling Superintendent Walsh how detainee Mike Morgan was being a bully to all of us older men and how he kept threatening violence to me and George Krueger. While George Krueger was at Court, Crw McCoy came to the Tier, in the morning to pass out detainees trust fund balance sheets. Then she left, only to, at approximately around 12:00 noon, % baynes received a phone call. Then % baynes went and got detainee Mike Morgan out of his cell, (cell 1) and went and met up with crw McCoy in the hallway where she had to tell Mike Morgan and % baynes what George Krueger wrote about Mike Morgan because when Mike Morgan came back from the talk with crw McCoy, Mike Morgan told me that, I better tell my cellie (George Krueger) that he better stop writing stuff about him. When George Krueger came back from court, he told me that, Mike Morgan called him to his cell and told him that crw McCoy told him what he wrote about him and that he better stop or else...

I declare under penalty of perjury that the forgoing is true and correct. Executed at Cook County Department of Corrections, Chicago, Illinois, on the Date of 06-30-2016.

Sincerely,


Sherman Jilton #20130615121
Cook County Jail, Division 10, Tier 4B
P.O. Box 089002
Chicago, Illinois, 60608

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

GRIEVANCE | NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (¡ Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

☒ EMERGENCY GRIEVANCE☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

Inmate #:

CODE:

REFERRED TO:

☐ CERMAK HEALTH SERVICES☐ SUPERINTENDENT:☒ OTHER: OPR-IS

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

05/03/2016

Around 5:15pm - 5:25pm

THE TV. area (common) Div. 10 Tier 4B

After I was hit from behind from Rodney Miller, on camc, Rodney Miller stated that the Superintendent has his back and that he would be the one moved... that I would be... then he threatened me and said if I tell that he will get me after we go to court... because we have the same courtroom in Mark.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

Not to move me off Tier 4B and to put a separation on Rodney from me.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

the whole deck of detainees

George Kuehn 5/3/2016

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

Laura Mena (Sheriff)

From: Laura Mena (Sheriff)
Sent: Thursday, May 05, 2016 8:34 AM
To: Ann Dale (Sheriff); Miriam Rentas (Sheriff); Samantha Thompson (Sheriff)
Cc: John Mueller (Sheriff)
Subject: Krueger, G 2016x3840
Attachments: 5-5-2016 Krueger, George 2016x3840.pdf

Attached to this email is a copy of a Grievance that is being forward to your office for a review and/or investigation.

Laura Mena,
Admin. Assistant
Department of Inmate Services
Department of Corrections - Cook County Sheriff's Office
2700 S California Ave, Chicago, IL. 60608
Tel # 773-674-6816
Fax # 773-674-5702
laura.mena@cookcountyl.gov

The contents of this e-mail message and any attachments are intended solely for the addressee(s) named in this message. This communication is intended to be and to remain confidential and may be subject to applicable attorney/client and/or work product privileges. If you are not the intended recipient of this message, or if this message has been addressed to you in error, please immediately alert the sender by reply e-mail and then delete this message and its attachments. Do not deliver, distribute or copy this message and/or any attachments and if you are not the intended recipient, do not disclose the contents or take any action in reliance upon the information contained in this communication or any attachments.

**Inmate Serv.
Copy**

Inmate Grievance Number: **20163840**

Your allegation(s) have been forwarded to the Offices of Professional Review and Divisional Superintendent for review and/or investigation.

You may follow-up with the Office of Professional Review by contacting their office directly or submitting an inmate request form, to speak with the Divisional Superintendent.

Office of Professional Review
3026 S. California Ave
Building 4 / 4th floor
Chicago, Illinois 60608

INMATE SERV. COPY



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

0213867

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

2016-3840

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Kruiger

INMATE FIRST NAME (Primer Nombre):

George

ID Number (# de identificación):

2014 082418.3

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

OBO. Failure to Protect

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW issued inmate a medical form to seek medical treatment.

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DPR-IS

DATE REFERRED:

5.5.16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

SEE ATTACHMENTS.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

JOHN MUELLER

SIGNATURE:

John Mueller @

DIV./DEPT.

IS

DATE:

5.5.16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

George Kruiger

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

5.5.16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): ____ / ____ / ____

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

Inmate Serv. Copy

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (SI)

No

☐☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE
(Fecha en que el preso recibió respuesta a su apelación):



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2016-3840

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Bruger

INMATE FIRST NAME (Primer Nombre):

George

ID Number (# de Identificación):

2014-682418.3

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

UCC - Failure to Protect

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW issued inmate a medical form to seek medical treatment.

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

UPK - IS

DATE REFERRED:

5/5/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

SEE ATTACHMENTS

PERSONNEL RESPONDING TO GRIEVANCE (Print):

JOHN MULLER

SIGNATURE:

John Muller

DIV./DEPT.

IS

DATE:

5/5/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

/ /

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

George Bruger

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

5/5/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): 05/06/2016

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

I am not satisfied with the handling of my Grievance and my Medical Treatment. I am still in great pain have a non-stop migraine. I hope that all staff and inmates involved are being punished.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

☐No ☒

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

Original Response to Stand.

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a):)

M Lake

SIGNATURE (Firma del Administrador o/su Designado(a):)

M Lake

DATE (Fecha):

5/16/16

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE

(Fecha en que el preso recibió respuesta a su apelación):

/ /

Inmate Serv. Copy



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2016-3840

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Bruger

INMATE FIRST NAME (Primer Nombre):

George

ID Number (# de Identificación):

2014-6824183

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

UCC - Failure to Protect

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW issued inmate a medical form to seek medical treatment.

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

UPK - IS

DATE REFERRED:

5/5/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

SEE ATTACHMENTS

PERSONNEL RESPONDING TO GRIEVANCE (Print):

JIMM MULLER

SIGNATURE:

Jimm Muller

DIV./DEPT.

IS

DATE:

5/5/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

/ /

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

George Bruger

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

5/5/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido:) 05/06/2016

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

I am not satisfied with the handling of my Grievance and my Medical Treatment. I am still in great pain have a non-stop migraine. I hope that all staff and inmates involved are being punished.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

☐No ☒

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

Original Response to Stand.

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a):)

M Lake

SIGNATURE (Firma del Administrador o/su Designado(a):)

M Lake

DATE (Fecha):

5/16/16

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE

(Fecha en que el preso recibió respuesta a su apelación):

/ /

CRW COPY



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2016-3840

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Brudger

INMATE FIRST NAME (Primer Nombre):

George

ID Number (# de Identificación):

2014-682418.3

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

UCC - Failure to Protect

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW issued inmate a medical form to seek medical treatment.

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

UPK - IS

DATE REFERRED:

5/5/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

SEE ATTACHMENTS

PERSONNEL RESPONDING TO GRIEVANCE (Print):

JOHN MULLER

SIGNATURE:

John Muller @

DIV./DEPT.

IS

DATE:

5/5/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

/ /

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

George Kincaid

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

5/5/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): 05/06/2016

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

I am not satisfied with the handling of my Grievance and my medical Treatment. I am still in great pain have a non-stop migraine. I hope that all staff and inmates involved are being punished.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

☐No ☒

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

Original Response to Stand.

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

M Lake

SIGNATURE (Firma del Administrador o/su Designado(a)):

M Lake

DATE (Fecha):

5/16/16

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE

(Fecha en que el preso recibió respuesta a su apelación):

/ /

INMATE COPY

SHERIFF'S OFFICE OF COOK COUNTY
OFFICE OF PROFESSIONAL REVIEW
COMPLAINT REGISTER

Complainant Information	NAME (Last, First, M.I.): <i>Krueger, George A. JR</i>		AGE: <i>39</i>	DATE OF BIRTH: <i>11/06/1976</i>	HOME #: <i>708-388-0509</i>
	HOME ADDRESS: <i>12227 S. MAPLE AVE</i>		CITY: <i>BLUE ISLAND</i>		WORK/OTHER #:
	STATE: <i>IL.</i>	ZIP CODE: <i>60406</i>	STATE I.D./D.L. #: <i>K626-3017-3616</i>		STATE OF ISSUANCE: <i>IL.</i>
	I HAVE BEEN NOTIFIED THAT, PURSUANT TO 50 ILCS 725/3.8(b), ANYONE FILING A COMPLAINT AGAINST A SWORN PEACE OFFICER MUST HAVE THE COMPLAINT SUPPORTED BY A SWORN AFFIDAVIT.				
Complainant Information	DATE OF INCIDENT: <i>05/03/2016</i>			TIME OF INCIDENT: <i>Approx 5:15pm-5:25pm</i>	
	LOCATION OF INCIDENT: <i>Cook County Jail, Division 10; Tier 4B</i>				
	PROVIDE NAMES, BADGE NUMBERS, SQUAD NUMBER or LICENSE PLATE, and/or PHYSICAL DESCRIPTION OF THE OFFICER AGAINST WHOM YOU WISH TO FILE A COMPLAINT: <i>C/O McMahon</i>				
Witnesses	ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, PROVIDE CONTACT INFORMATION.				
	NAME	ADDRESS/CITY/STATE/ZIP			HOME PHONE #
	<i>Sergeant Dooly</i> <i>(Sergeant Dooly watched the video footage)</i>	<i>Cook County Jail; Division 10</i>			
Narrative	PROVIDE A FULL DETAILED ACCOUNT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT.				
	<i>1. C/O McMahon aloud detainee Rodney Miller to stay out from the other side of the deck when he shouldnt of, because our deck is on half and half... (Rodney Miller is a very Violent person which has been in many fights And even been charged with Assault on staff) He even has a red I.d. so all the officers will know and be aware that he is Violent.) While I was eating Dinner in the dayroom and watching t.v. Rodney Miller</i>				

CONTINUED ON REVERSE

FOR OFFICE USE ONLY
DATE COMPLAINT RECEIVED: _____

RECEIVED BY: _____

IAD/IG #: _____

Ran up behind me a attacked me, by punching me. All while the Officer had left (c/o McMahon). Injuring me to wear my neck and shoulder were in great pain and I had and still have off and on migraines. The incident was all on camra... Which Sergeant Doody watched!

PLEASE BE AWARE THAT IF YOU ALLEGE INJURIES AS A RESULT OF THIS INCIDENT, DUE TO FEDERAL PRIVACY LAWS ON THE RELEASE OF MEDICAL RECORDS, YOU MUST PROVIDE COPIES OF YOUR RELEVANT MEDICAL RECORDS REGARDING ANY EXAMINATION OR TREATMENT TO THE SHERIFF'S OFFICE INVESTIGATING UNIT TO BE MADE PART OF THE INVESTIGATION.

I have read this statement that I have voluntarily made, consisting of ____ pages, and I solemnly swear that the facts and allegations contained within are true and correct to the best of my knowledge. George Krueger Jr

(Print Name)

Complainant's Signature: George Krueger Jr.

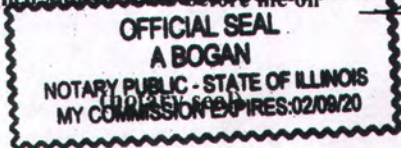
Date: 05/17/2016

State of Illinois)
County of Cook)

Signed and sworn to before me on 5-17-16 by George Krueger Jr

(date)

(name of person making statement)



A. Bogan

(signature of notary public)

A person commits PERJURY when, under oath or affirmation, in a proceeding or in any matter where by law such oath or affirmation is required, he makes a false statement, material to the issue or point in question, which he does not believe to be true. PERJURY IS A CLASS 3 FELONY.

Please mail your completed, **signed and notarized**, complaint form to:

Cook County Sheriff's Office of Professional Review
3026 S. California
Chicago, IL. 60608



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

CONTROL #	INMATE ID #
20163840	0213867

INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): <i>Kraeger</i>	PRINT - FIRST NAME (Primer Nombre): <i>George</i>	INMATE BOOKING NUMBER (# de identificación del detenido): <i>2014-0824/83</i>
DIVISION (División): <i>10</i>	LIVING UNIT (Unidad): <i>4B</i>	DATE (Fecha): <i>05/03/2016</i>

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente) <i>05/03/2016</i>	TIME OF INCIDENT (Hora Del Incidente) <i>Around 5:15pm - 5:25pm</i>	SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente) <i>The TV area (dayroom) Div. 10 Tier 4B</i>
<i>C/O McMahon yland inmate Rodney Miller to stay out from the other side of the deck because our deck is on half and half... inmate Rodney Miller ran up behind me while I was eating dinner and attacked me, by punching me. I injured me to wear my neck and shoulder are in great pain. The incident was all on camera...</i>		

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)
For the staff to look at the camera footage and punish the inmate responsible... And to punish C/O McMahon and not to let the C/O's to let inmates to be out when it isn't there time. I also really need medical treatment... Thank you

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información:) <i>the whole deck of detainees</i>	INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha): <i>George Kraeger 5/3/2016</i>
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SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): <i>McL...</i>	SIGNATURE: <i>[Signature]</i>	DATE CRW/PLATOON COUNSELOR RECIEVED: <i>5-5-16</i>
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:



THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (Para ser llenado solo por el personal)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): KRUEGER	PRINT - FIRST NAME (Primer Nombre): GEORGE	INMATE BOOKING NUMBER (# de identificación del detenido): 2014-0824183
DIVISION (División): 10	LIVING UNIT (Unidad): 4B	DATE (Fecha): 05/03/2016

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente) 05/03/2016	TIME OF INCIDENT (Hora Del Incidente) around 5:15pm - 5:25pm	SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente) The TV. area (my room) Div. 10 Tier 4B
After I was hit from behind from Rodney Miller, on camp, Rodney Miller stated that the Superintendent has his back and that he would be the one moved... That I would be... Then he threatened me and said if I tell that he will get me when we go to court... because we have the same courtroom in Markham.		

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

Not to move me off Tier 4B and to put a separation on Rodney from me.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

the whole deck of detainees

George Krueger 5/3/2016

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): [Signature]	SIGNATURE: [Signature]	DATE CRW/PLATOON COUNSELOR RECIEVED: 5-5-16
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): [Signature]	SIGNATURE: [Signature]	DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☒ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

05/03/2016

NIGHT TIME medication
App. 7:00pm - 8:00pm.

Division 10 Tier 4B

I told Nurse Abner, that I was just Attacked from behind, while I was eating dinner, in the day room, and that I was in need of Medical Attention because I was in great pain in my neck and shoulder and I had a super migraine. Then she told me that she was the acting nurse on duty and that I look fine, refusing me treatment.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To have Nurse Abner punished and to get the medical treatment from a doctor that I really need!
Thank you...

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

George Krueger 05/03/2016

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

0213867X

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)
INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

20164029

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de identificación):

Krupner

George

20140824183

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 Medical Treatment

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Cermak

5/21/16

to record this event. Submit a HSRF to request medical services seen by provider on 5/5/16. Ortho appt in July.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

Susan Shebel

Susan Shebel

5/19/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

Dore Knezer

05/27/2016

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): 05/21/2016

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

The ortho is for my knee. I Didn't need ortho!! I need to be looked at for my neck and shoulder pain and migraine headaches due to being attacked on the day of question.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

No

☐☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

Response stands

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

Susan Shebel

Susan Shebel

6/7/16

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibió respuesta a su apelación):

Dore Knezer

6/19/2016

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

05/04/2016

6:30pm - 9:00pm

Division 10; Tier 4B

The c/o this evening aloud the whole deck to stay out when we came back from rec., when he should of locked up the low side because were on half and half. Especially after I was jumped on from behind yesterday because c/o McMahon let someone stay out that shouldn't of been out at all...

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To Punish all the c/o's that refuse to do ~~their~~ their jobs correctly!

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

George Krueger 05/04/2016

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Krueger
10

PRINT - FIRST NAME (Primer Nombre):

George
4B

INMATE BOOKING NUMBER (# de identificación del detenido)

2014-0824/83

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

05/06/2016

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

05/06/2016

TIME OF INCIDENT (Hora Del Incidente)

3:30 pm.

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

División 10 ; Tier 4B

c/o cell's let a inmate out of cell 12 to hang out when he wasn't supposed to. The low side was supposed to be out only, not no one from the high side. This is after I was just attacked and Assaulted by inmate Rodney Miller from low side on 5/03/2016 when he wasn't supposed to be out. Allowing yet again another chance for a failure to keep the detainees safe...

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

for the detainees not to be aloud to be out, when they shouldn't be and to keep all the detainees safe from each other. And if the detainees refuse or give a hard time to lock up, ticket them...

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

George Krueger 05/06/2016

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

☒ GRIEVANCE

☐ NON-GRIEVANCE (REQUEST)

CONTROL #

20163921

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

KRUGER

INMATE FIRST NAME (Primer Nombre):

George

ID Number (# de identificación):

20140824183

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

330 security procedure

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DIV 10

DATE REFERRED:

5 / 17 / 16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

I cannot prove or disprove this due to being unable to review video at this time. The policy of 1/2 and 1/2 was reviewed with Div 10 staff.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

L. R. Hines

SIGNATURE:

L. R. Hines

DIV. / DEPT.

10

DATE:

31 / May / 16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

C. M. C.

SIGNATURE:

C. M. C.

DIV. / DEPT.

10

DATE:

6 / 1 / 16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____

☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

George Krueger

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

6 / 14 / 2016

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido): 6 / 14 / 2016

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

I do not like the answer that I received. What if another inmate was assaulted due to this. Then it would become a failure to protect. Please punish and fix the problem.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Si)

☐

No

☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su designado(a)):

Response stands.

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

Meresa Olson

SIGNATURE (Firma del Administrador o / su Designado(a)):

Meresa Olson

DATE (Fecha):

6 / 23 / 16

INMATE SIGNATURE (Firma del Preso):

George Krueger

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibio respuesta a su apelacion):

6 / 28 / 2016



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

KRUEGER

PRINT - FIRST NAME (Primer Nombre):

GEORGE

INMATE BOOKING NUMBER (# de identificación del detenido)

2014-0824183

DIVISION (División):

10

LIVING UNIT (Unidad):

4B

DATE (Fecha):

05/07/2016

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

05/07/2016

TIME OF INCIDENT (Hora Del Incidente)

3:30pm - 9:00pm

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

División 10, Tier 4B

on 05/07/2016 C/O Cortez let a young but hood detainee out of cell 1 stay out with our high side, then the detainee threatened this old man out of cell 22 to wear he was shaking. Then after the side switch at 6:00pm C/O Cortez let many other detainees from the high side to stay out. Yet again creating not once but twice a failure to protect. This was after I was jumped from behind by Rodney Miller on 5/5/2016 because he was out when he shouldn't.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To have all the C/O's do their jobs to the fullest, so no else will become injured like myself, And if any detainees refuse to lock up or Any C/O doesn't lock up all the detainees that should be ticket them or write them up.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

The deck CamRHS

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

George Krueger 05/07/2016

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Meer

SIGNATURE:

mg

DATE CRW/PLATOON COUNSELOR RECIEVED:

5-12-16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado sólo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

KRUEGER

PRINT - FIRST NAME (Primer Nombre):

GEORGE

INMATE BOOKING NUMBER (# de identificación del detenido)

2014-0824183

DIVISION (División):

10

LIVING UNIT (Unidad):

4B

DATE (Fecha):

5-8-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

5-7-16

TIME OF INCIDENT (Hora Del Incidente)

1:30pm/going

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Tier 4B, Division 10

on the above date we were past out, one 0.25 ounce of toothpaste. The week before, on 4-30-16, we did not receive any. I have requested toothpaste on a detainee request slip, as well as, from C/O Cortez. 2011. Adm. code 401.100 (1)(1) says, shall be provided necessary equipment upon request, but I still haven't received any toothpaste

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To be Given enough toothpaste for each week.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

George Krueger 05/08/2016

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Macey

SIGNATURE:

[Signature]

DATE CRW/PLATOON COUNSELOR RECIEVED:

5-11-16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Krueger

INMATE FIRST NAME (Primer Nombre):

George

ID Number (# de identificación):

2014 0824183

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

100 Hygiene

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DIV 10 SC

DATE REFERRED:

5/12/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

ALL Hygiene supplies are distributed on Saturdays in DIV 10. Amount is based on ON-HAND AMOUNTS

PERSONNEL RESPONDING TO GRIEVANCE (Print):

L. J. Moore

SIGNATURE:

[Signature]

DIV. / DEPT.

10

DATE:

5/18/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

OU

SIGNATURE:

[Signature]

DIV. / DEPT.

10

DATE:

5/18/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

George Krueger

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

05/21/2016

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido): ____/____/____

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibio respuesta a su apelacion):



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (¡ Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

KRUEGER

PRINT - FIRST NAME (Primer Nombre):

GEORGE

INMATE BOOKING NUMBER (# de identificación del detenido)

20140824183

DIVISION (División):

10

LIVING UNIT (Unidad):

4B

DATE (Fecha):

05-24-2016

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

on going

TIME OF INCIDENT (Hora Del Incidente)

on going

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Division 10; Tier 4B

I seen a so called doctor on 5-05-16 due to being assaulted. I told her that I have had a non stop migraine headache and great neck and shoulder pain. She put me in the computer to get x-rays done but I still haven't been sent for them. I still have a serious migraine headache and great neck and shoulder pain. All that I was told when I asked about a appointment was that I have a ortho appointment for my knee.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To be seen and for my migraine headaches and to have x-rays done to be prescribed stronger meds or what ever, it takes to make the pain to stop....

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

George Krueger 5-24-2016

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

M. Cray

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

5/25/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2016 4452

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Krueger

INMATE FIRST NAME (Primer Nombre):

George

ID Number (# de identificación):

2014 0524183

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 Medical Treatment

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

5/26/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

MRI results on chart. Scheduled for Orthopedic Surgery Clinic July. Properly ordered. Seen in nursing unit on 6/8/16. Orthopedic KOP ordered.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Susan Sheibel

SIGNATURE:

Susan Sheibel

DIV. / DEPT.

DATE:

6/9/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

/ /

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

George Krueger

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

6/21/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido): 6/21/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

The MRI and Orthopedic Surgery Clinic is for my knee not my shoulder and neck. I need x-rays and to be seen properly.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (SI)

☐

No

☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o su designado(a)):

Seen by provider 5/5 + x-ray ordered. 3 views knee completed. Scheduled for Primary Care in July + ortho in Aug. Receiving ongoing care.

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

Susan Sheibel

SIGNATURE (Firma del Administrador o su Designado(a)):

Susan Sheibel

DATE (Fecha):

7/6/16

INMATE SIGNATURE (Firma del Preso):

X George Krueger

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibio respuesta a su apelacion):

7/17/16



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

from 5-4-16 to on going

on going

Division 10

I have turned in many medical slips about me recently having very bad Anxiety and Anxiety attacks. At times I cant even sleep and when I do the slightest noise ~~me~~ wakes me up. and I'm scared out of my mind when I shouldn't be. I was told that I ~~may~~ may have P.t.S.D but I don't know because the psych work

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitada, Esta sección debe completarse)

To be see by the psyche doctor and to have a re-evaluation done on myself. please. I feel as if I'm losing it, ever since I was assaulted on 5-3-16

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

George Krueger 5-24-2016

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

Krueger

George

2014-0824183

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

10

4B

06-05-2016

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

05-04-2016/on going

on going

Division 10, Medical Dispensary

I was seen by a psychologist and he told me that he was gonna get me seen by the psychiatrist, but I still haven't been seen after three weeks almost. I have been having great Anxiety. I have also been greatly depressed, even more then before... I can sleep every other day it stems like. At times I feel as if I'm losing my mind ever since I was assaulted 5-3-16.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To have me seen by a psychiatrist and to be re-diagnosed so I may get the help that I need.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

George Krueger 06-05-2016

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Trueger

INMATE FIRST NAME (Primer Nombre):

George

ID Number (# de identificación):

20140824183

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

210 Mental Health / Treatment

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

6/9/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

You are scheduled for psychology and psychiatry clinic. Until then MHI staff will provide support and monitor you as necessary.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

C. Gomez

SIGNATURE:

[Signature]

DIV. / DEPT.

MHI

DATE:

06/22/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

/ /

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

George Trueger

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

6/28/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido): ____/____/____

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (SI)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

/ /

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelacion):

/ /



(Oficina del Alguacil del Condado de Cook)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate-Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An Inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

I wrote a grievance on 6-5-2016, which I just received back today. It was processed as a non-grievance request. On 5-4-2016 I was seen by a psychologist and he SAID I was gonna be seen by the psychiatrist, but I still haven't been seen. At that time, it was three weeks, now it has been 6 weeks. I have great Anxiety. I have also been greatly depressed, even more than before... I can't sleep at night. At times I feel as if I'm losing my mind, ever since I was assaulted 5-3-2016.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que está solicitada, Esta sección debe completarse)

To treat this as a emergency grievance and to have me seen, by a psychiatrist to be re-diagnosed, so I may get the help that I need. I would like to ^{to receive} and I want a control number for this Grievance!

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

PLEASE give me a control number !!!



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

GRIEVANCE ☒ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☒ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Krueger

PRINT - FIRST NAME (Primer Nombre):

George

INMATE BOOKING NUMBER (# de identificación del detenido)

2014-0824183

DIVISION (División):

10

LIVING UNIT (Unidad):

4B

DATE (Fecha):

06-05-2016

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

05-05-2016/on going

TIME OF INCIDENT (Hora Del Incidente)

on going

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

Division 10, medical Dispensary

I was seen by a female doctor on 5-5-2016 that told me she was gonna have x-rays performed on me, so she can see whats wrong with my neck and shoulders. Since they where and still remain in great pain due to being assaulted on 5-3-2016, by inmate Rodney Millet. I still haven't been properly seen or examined by a doctor or haven't had any x-rays performed. I supposedly have a appointment for orthopedics for my

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To be seen for my neck and shoulder pain that is really bad. And to have a real ~~examination~~ examination performed along with x-rays. "Knees" not my other problem

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

George Krueger 06-05-2016

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Kruger

INMATE FIRST NAME (Primer Nombre):

Georgie

ID Number (# de identificación):

20140824183

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 Medical Treatment

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

Cermak

DATE REFERRED:

6/9/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Seen by provider 5/5 ordered Acetaminophen + PCC in 6 weeks
Subsequent HSRF upon continued or worsened

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Susan Shubert

SIGNATURE:

Susan Shubert

DIV. / DEPT.

DATE:

6/21/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

/ /

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Dwight Kruger

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

6/22/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): ____/____/____

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

/ /

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):

/ /

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): <i>Krueger</i>	PRINT - FIRST NAME (Primer Nombre): <i>George</i>	INMATE BOOKING NUMBER (# de identificación del detenido): <i>20140824183</i>
DIVISION (División): <i>10</i>	LIVING UNIT (Unidad): <i>4A</i>	DATE (Fecha): <i>6-23-2016</i>

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente): <i>6-5-2016 / on going</i>	TIME OF INCIDENT (Hora Del Incidente): <i>N/A</i>	SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente): <i>Division 10</i>
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I wrote a grievance on 6-5-2016. It was returned to me on 6-23-2016 and it was treated as a non-grievance (request). The response stated that I was seen on 5/5/2016, which I was, but when I was seen, it was just to set a appointment for X-rays and to see a doctor. I still haven't been seen or had X-rays for my neck and shoulder. I have filled out 30+ request slips on the issue. The pain meds that I have been on have been for my knees because I need a A.C.L. surgery...

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To treat this as a emergency grievance because I'm still in great pain and need X-rays for my neck and shoulder and a M.R.I on my head for my on and off migraines headaches.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

George Krueger 6-23-2016

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): <i>Mcvey</i>	SIGNATURE: <i>[Signature]</i>	DATE CRW/PLATOON COUNSELOR RECIEVED: <i>6-24-16</i>
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE: <i>[Signature]</i>	DATE REVIEWED:

I need and want a control number



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☒ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
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- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

5/3/16 on going

second shift 3pm-11pm

Division 10, tier 4B

C/O McMahon was assigned to tier 4B, even after I put in a complaint against him for a failure to protect and allowing out a inmate when he wasn't supposed to be which resulted in me getting assaulted (5-3-2016). C/O McMahon was assigned to the tier four times since and each time, allowed out several inmates when they shouldn't of been out. Causing deliberate indifference.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitada, Esta sección debe completarse)

Not to place or assign C/O McMahon on tier 4B to work or any other deck which I am on, ever!

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Sherman Jilton, James Garland

George Krueger 06-07-2016

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alcajil del Condado de Cook)
INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

<input checked="" type="checkbox"/> GRIEVANCE	<input type="checkbox"/> NON-GRIEVANCE (REQUEST)	CONTROL #	INMATE ID #
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! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☒ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): <i>Krueger</i>	PRINT - FIRST NAME (Primer Nombre): <i>George</i>	INMATE BOOKING NUMBER (# de identificación del detenido): <i>2014-0824183</i>
DIVISION (División): <i>10</i>	LIVING UNIT (Unidad): <i>4B</i>	DATE (Fecha): <i>06-07-2016</i>

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
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- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente): <i>06-07-2016</i>	TIME OF INCIDENT (Hora Del Incidente): <i>3:15pm-9:00pm</i>	SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente): <i>Division 10, tier 4B</i>
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C/O McMahon let several inmates out when most of them were supposed to be locked up because our whole division is on half and half (cells 1-12 or cells 13-24, only one side every 3 hours). The last time C/O McMahon broke the rules which set by the jail officials, I was assaulted. Causing great injuries to me. (5-3-2016). All of the evenings events were caught on the cctv's camras.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To have C/O McMahon Punished by a suspension without pay or something just and proper so he will finally never allow this type of bad act to happen again, and to never place C/O McMahon on 4B to work again.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información): <i>Sherman Jilton, James Garland</i>	INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha): <i>George Krueger 06-07-2016</i>
---	---

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): <i>McCoy</i>	SIGNATURE: <i>[Signature]</i>	DATE CRW/PLATOON COUNSELOR RECEIVED: <i>6-9-16</i>
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

CONTROL #

INMATE ID #

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): <i>Krueger</i>	PRINT - FIRST NAME (Primer Nombre): <i>George</i>	INMATE BOOKING NUMBER (# de identificación del detenido): <i>20140824183</i>
DIVISION (División): <i>10</i>	LIVING UNIT (Unidad): <i>4A</i>	DATE (Fecha): <i>06-21-2016</i>

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
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- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente): <i>05-03-2016/on going</i>	TIME OF INCIDENT (Hora Del Incidente): <i>ON going</i>	SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente): <i>Division 10</i>
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I was assaulted on 05-03-2016 and was seen on 05-05-2016 so I could be scheduled to have x-rays preformed and to be seen by a doctor. Doctor Baker, the head divisional doctor for Division 10 refuses to have me seen for my neck and shoulder pain. Or for my non-stop migraine headaches. How can Doctor Baker refuse me medical Attention.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To have me seen and x-rays preformed and to have Doctor Baker disciplined, so no inmates will no longer ever be denied medical treatment again.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

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NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información): <i>George Krueger</i>	INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha): <i>George Krueger 06-21-2016</i>
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SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): <i>MC</i>	SIGNATURE: <i>MC</i>	DATE CRW/PLATOON COUNSELOR RECIEVED: <i>6-22-16</i>
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

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- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

6-5-2016/ongoing

N/A

Division 10

I have filed 30+ request slips since I was seen on 6-5-2016 because when I was seen, it was to be put in for a appointment to get x-rays and to be seen by a doctor for this uncontrollable pain in my neck and shoulder, due to a failure to protect. Doctor Baker is the divisional doctor that has been depriving me medical treatment by not setting me appointments to be seen for two months.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To have Doctor Baker give me a appointment for x-rays and to be seen by a doctor. Also to have Doctor Baker punished for denial of my medical treatment, by loss of pay or suspension.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

(Nombre del personal o presos que tengan información:)

George Krueger 6-23-2016

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

I need and want a control number

05/19/2016

Sheriff Thomas J. Dart,
50 W. Washington St.,
Chicago, IL 60602...

Mr. Thomas Dart,

This letter is to notify you of wrong doings here in Cook County Jail, Division 10; Tier 4B...

Certain detainees that Superintendent Walsh placed on this tier of old men, to hide are bullying and may end up hurting some of us at some point. Causing a failure to protect. c/w/ counselor McCoy and the c/o's are also informing these violent detainees and telling them who pointed the finger at them and what was said. Letting out confidential information from grievances and request slips.

On the date of 5-3-2016, I was assaulted from behind, on camera, while eating dinner, by detainee Rodney Miller, which shouldn't of been out because we were on half and half and our side was out which he is not a part of. c/o McMahon about this violent, Red I.D. having, detainee that shouldn't of been on our tier because he was already kicked off many times for fighting but kept being let back by Superintendent Walsh. It was deemed a failure to protect on the grievance, in which I wrote and given

a control number of 20163840. It was sent back with a paper stating that it was also sent to the Office of Professional Review.

Rodney Miller only served $1\frac{1}{2}$ days in segregation then was placed on Tier 4d. I'm still waiting for someone to come talk to me about me filing charges because I told Sergeant Doodly, when he asked if I wanted to file charges. My response was "yes".

After that happened I started writing grievances on a few C/O's for allowing other detainees out for no reason, when they shouldn't of been.

On 5-8-16, I handed crw/counselor McCoy two grievances. One for the jail not giving us toothpaste and another against C/O Cortez for allowing detainees to stay out on our half of the tiers time, when he shouldn't of. My grievance also stated how during that time a detainee in cell 1 was threatening a old man in or from cell 22. Then crw/counselor McCoy asked me who I was referring to. I told her Mike Morgan in cell 1. Then crw/counselor McCoy told Mike Morgan that someone wrote a grievance on him and then told him what was said. It was very easy to figure out who did it, because I was the only one who turned in a grievance or who was talking to her.

Putting me in serious danger. At that point in time, I realized that I couldn't turn in anymore grievances because caw/counselor McCoy would tell who ever I wrote the grievances or request slips about.

Mike Morgan, from 5-8-2016 to 5-18-2016 started making threats to me and my cellie, Sherman Jilton, along with some older Mexican man named Jose. Even tried to talk up some young man on the deck (who shouldn't be here on this tier because he is too young) to beat up Jose, just because he looked at them the wrong way, while he was on the phone.

So, I wrote two request slips to Superintendent Walsh, before I went to court in the morning of 5-18-16. Informing him about how caw/counselor McCoy has been telling confidential information from grievances to C/O's and inmates. Putting innocent detainees in arms way for harm and also violating peoples due process. I also wrote how the detainee Mike Morgan, which shouldn't even be on this tier, is bullying all the older inmates when he doesn't get his way or to get his way, and I also was asking for him to be moved off of this deck.

Then, while I was at court, 5-18-16, after caw/counselor McCoy finished passing out trust fund Balances.

④

She left, only at approximately around 12:00 noon, On Camra, crew/counselor McCoy called Go Baynes and must of told her to take Mike Morgan from his cell and meet her in the hallway. Where she told Mike Morgan and Go Baynes about the request slips that I turned in and also what I wrote on them. Which were all addressed to Superintendent Walsh. My cellie, Sherman Jilton was aware of the request slips and also seen everything that was going on while, I was at court.

Then, Mike Morgan told Sherman Jilton that, I (George Krueger) better stop writing up stuff about him.

When I got back to the tier, from court, at approximately 2:00pm., Mike Morgan called me to his cell, to tell me that I better stop writing up stuff about him.

In relief, I am requesting that you have Mike Morgan moved and crew/counselor McCoy transferred somewhere else or fired for a violation of Due Process and causing a hostile environment

I have copies of this letter...

Sincerely,

George Krueger #20140824/83
Cook County Jail, Div. 10 ; Tier 4B
P.O. Box 089002
Chicago, IL. 60608

George Krueger Jr.

Sheriff Thomas J. Dart,
50 W. Washington St.,
Chicago, IL 60602...

Mr. Thomas Dart,

This letter is to notify you that in Division 10, C/O McMahon was assigned to our tier 4B on 05-24-2016 and let, once again several inmates out from the low side to hang out with our high side of the deck, while it was the high sides time out. Before and after, church service was called. C/O McMahon shouldn't of because for one, the whole division is on half and half and also because last time C/O McMahon did that (05-03-2016), I was assaulted by inmate Rodney Miller, which was deemed a failure to protect. The control number for that is 20163840.

I have to send all my Grievances about C/O's or inmates to you, in fear that Crawford McCoy will tell the other parties involved, which she has already done on the dates of 05-08-16 and 5-18-16. I have a copy of this letter for my own records.

Thank you...

Sincerely,

George Kneeger

George Kneeger #20160824183
C.C.D.O.C. Division 10; 4B
P.O. Box 089002
Chicago IL 60608

05-31-2016

Sheriff Thomas J. Dart,
50 W. Washington St.,
Chicago, IL 60602...

Mr. Thomas Dart,

This letter is to notify you of more wrong doings here in Cook County Jail, Division 10 tier 4B. C/O McMahon was assigned to our tier on 05-31-16, and let, once again several inmates out from the low side to hang out with our high side of the deck, while it was the high sides time out. Then reversed after the deck switch. This taken place from 3:00pm. to 9:00pm.. C/O McMahon shouldn't of allowed them inmates out because the whole division is on half and half and also because last time C/O McMahon didn't follow the rules that were made by Jail Officials. I was assaulted by inmate, Rodney Miller on (05-03-2016), which was deemed a failure to protect. It has a control number of 20163840. I have to send all my Grievances about C/O's or inmates to you, in fear that crew/counselor McCoy will tell the other parties involved, who or what was said as she already has done on the dates of 05-08-2016 and 05-18-2016.

Every part of this in which, I wrote about was all on camra. I made copies of this letter for my own records.

Thank you...

Sincerely,

George Krueger Jr.

George Krueger #20140824183
Cook County Jail, Div. 10, 4B
P.O. Box 089002
Chicago, IL 60608

Sheriff Thomas J. Dart,
50 W. Washington St.,
Chicago, IL. 60602...

Mr. Thomas Dart,

I have wrote you 4 times since 05/19/2016. I still haven't heard any response to any of my Grievances or letters, which I sent you.

I feel as if you or Superintendent Walsh, are just sweeping all of this under the rug.

Crw/counselor McCoy violated my rights several times. It is a violation of my constitutional rights of due process for crw McCoy to tell people which I wrote grievances or request slips on, what I wrote about them and it also puts me in a risk for harm. For crw/counselor McCoy to keep being aloud to violate detainees due process after I made you aware of the problem several times and you still allow it to go on, is a deliberate indifference on your, and the Superintendents part.

I hope you now finally do whats right and fire crw McCoy or transfer her to another division with a suspension with loss of pay.

George Krueger #20140824/83
Cook County Jail, Div. 10, Tier 4A
P.O. Box 089002
Chicago, IL. 60608

Sincerely,

George Krueger

George A. Krueger Sr. #2014081183
Cook County Jail, Div. 10, Tier 4A
P.O. Box 089002
Chicago, IL 60608

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RECEIVED

JUL 15 2016 TM

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT



United States District Court
Prisoner Correspondence
Northern District of Illinois
219 South Dearborn Street
Chicago, Illinois 60604

16-cv-7288
Judge Joan B. Gottschall
Magistrate Judge Nan R. Nolan
PC8

George A. Krueger Sr. #2014081183
Cook County Jail, Div. 10, Tier 4A
P.O. Box 089002
Chicago, IL 60608

104A

RECEIVED

JUL 15 2016 TM

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT



United States District Court
Prisoner Correspondence
Northern District of Illinois
219 South Dearborn Street
Chicago, Illinois 60604

16-cv-7288
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PC8